

CLAIMANT'S NAME Lucas, Dennis G.		SSN or EMPLOYEE NUMBER*		DEPARTMENT Military	
POSITION Deputy Adjutant General, Air		CB/D No. SAD	DIVISION or BUREAU Air Command Section		INDEX NUMBER 1204
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 9800 Goethe Road			TELEPHONE NUMBER (916) 854-3573
CITY Sacramento	STATE CA	ZIP CODE 95827			

(1) NORMAL WORK HOURS
0730-1600

(2) PRIVATE VEHICLE LICENSE NUMBER

(3) MILEAGE RATE CLAIMED
0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY
(5) DATE TIME				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
3/31	0530	Depart HOR to SMF APO		6.00					PC	9.00	35.00	19.25		34.25
3/31	1213	Arrived Denver APO/Layover +			10.00				A			0.00		10.00
3/31	1514	Arrived St. Louis APO							RC			0.00		0.00
3/31	1630	Arrived Air Force Inn, Scott AFB +	39.00			18.00			RC			0.00		57.00
4/1	0600-1830	Duty Scott AFB	39.00	6.00	10.00	18.00	3.00		RC	9.00		0.00		85.00
4/2	0600-1200	Duty Scott AFB		6.00	10.00		3.00		RC			0.00		19.00
4/2	1500	Depart St. Louis APO				18.00		4.10	RC			0.00		22.10
4/2	1930	Arrive SMF APO							A	9.00		0.00		9.00
4/2	2000	Depart to HOR							PC		35.00	19.25		19.25
												0.00		0.00
												0.00		0.00
												0.00		0.00
(13) SUBTOTALS			78.00	18.00	30.00	54.00	6.00	4.10		27.00	70.00	38.50	0.00	255.60
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$255.60

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Attend on behalf of TAG the Reserve Chiefs & Adjutant Generals Conference located at Scott AFB.

Trip#F-03

Airfare (\$834.40)

Rental Car: (\$77.18)

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

17 APR 09

(16)

PAYMENT

DATE

22 APR 09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

DATE

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CITY Sacramento		STATE CA		TELEPHONE NUMBER (916) 854-3573	
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0.550

(4) MONTH/YEAR Apr 09		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION				(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE	TIME			BREAK- FAST	LUNCH	O.T., LT, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
17Ap	0700	Depart HOR to JFHQ						PC			0.00		0.00	
17Ap	1040	Depart JFHQ to Burlingame, CA						PC			0.00		0.00	
17Ap	1330	Arrive Marriott Burlingame, CA	121.15		10.00	18.00					0.00		149.15	
18Ap	0600-1700	Duty Burlingame, Ca	121.15			18.00	3.00				0.00		142.15	
19Ap	0600-1200	Duty Burlingame, Ca			10.00						0.00		10.00	
19Ap	1215	Departed Burlingame to JFHQ						PC			0.00		0.00	
19Ap	1415	Arrived JFHQ						PC			0.00		0.00	
19Ap	1450	Departed JFHQ to HOR						PC			0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
(13) SUBTOTALS			242.30	0.00	20.00	36.00	3.00	0.00		0.00	0.00	0.00	301.30	
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

\$301.30

(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

*Round trip Passenger from JFHQ to Burlingame, CA
*Used PC round trip from HOR to JFHQ
Attended the Family Symposium at Burlingame, CA

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

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DATE

15 May 09

(16) SIGNATURE

DATE

15 May 09

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)